



Senate

General Assembly

File No. 419

January Session, 2009

Substitute Senate Bill No. 634

Senate, April 2, 2009

The Committee on Human Services reported through SEN. DOYLE of the 9th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING MEDICATIONS FOR THE TREATMENT FOR OPIOID DEPENDENCY AND MEDICAID COVERAGE FOR SUCH MEDICATIONS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17a-714a of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective January 1, 2010*):

3 (a) A licensed health care professional who is permitted by law to
4 prescribe an opioid antagonist may, if acting with reasonable care,
5 prescribe, dispense or administer an opioid antagonist to a drug user
6 in need of such intervention without being liable for damages to such
7 person in a civil action or subject to criminal prosecution. For purposes
8 of this section, "opioid antagonist" means naloxone hydrochloride or
9 any other similarly acting and equally safe drug approved by the
10 federal Food and Drug Administration for the treatment of drug
11 overdose.

12 (b) Such health care professional shall inform a patient, who is

13 treated for opioid dependency and who receives Medicaid benefits, of
14 the medication options available for such treatment and of the risk of
15 dependency associated with each available medication.

16 Sec. 2. (NEW) (*Effective January 1, 2010*) The Department of Social
17 Services shall inform recipients of Medicaid benefits who are treated
18 for opioid dependency of their right to Medicaid coverage for all
19 medications used to treat opioid dependency, including those
20 medications determined, according to the Drug Enforcement Agency's
21 schedule of controlled substances, to have a lesser potential for
22 dependency than the most widely-prescribed drug used to treat opioid
23 dependency. The department shall provide coverage for Medicaid
24 beneficiaries for all drugs used to treat opioid dependency at the same
25 rate of reimbursement as for the most widely-prescribed drug used to
26 treat opioid dependency.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>January 1, 2010</i>	17a-714a
Sec. 2	<i>January 1, 2010</i>	New section

Statement of Legislative Commissioners:

In section 2, the reference to reimbursement for medications was changed to coverage for medications for accuracy.

HS *Joint Favorable Subst.-LCO*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect
Department of Social Services	GF - See Below

Municipal Impact: None

Explanation

This bill requires the Department of Social Services (DSS) to provide certain information to Medicaid clients being treated for opioid dependency. Assuming this information is provided in concert with other paperwork that DSS may provide Medicaid clients, this will result in a minimal administrative cost.

The bill further requires DSS to provide coverage for all drugs used to treat opioid dependency at the same rate of reimbursement as the most widely prescribed such drug. The fiscal impact of this provision is not clear as it is not known how the current potential rate of reimbursement for these other drugs compares to the most widely prescribed drug.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**SB 634*****AN ACT CONCERNING MEDICATIONS FOR THE TREATMENT FOR OPIOID DEPENDENCY AND MEDICAID COVERAGE FOR SUCH MEDICATIONS.*****SUMMARY:**

This bill requires licensed health care professionals authorized to prescribe opioid antagonists to inform Medicaid patients treated for opioid dependency of (1) the medication options available for this treatment and (2) the risks associated with each available medication (see BACKGROUND).

The bill also requires the Department of Social Services (DSS) to inform these patients of their right to Medicaid coverage for all medications used to treat the dependency, including those that the U.S. Drug Enforcement Agency's schedule of controlled substances indicates have a lesser potential for dependency than the most widely prescribed drug used to treat opioid dependency (i.e., methadone). The bill does not explicitly require the state's Medicaid program to cover these drugs.

EFFECTIVE DATE: January 1, 2010

BACKGROUND***Treatment for Opioid Dependency***

An opioid is a chemical substance that has a morphine-like effect on the body. An opioid antagonist blocks the effects of the opioid, thereby preventing the patient from getting "high" or having withdrawal symptoms.

The traditional treatment of opioid addiction involves substituting the opioid (e.g., heroin) with an equivalent dose of a

longer acting opioid antagonist, followed by a tapering to a maintenance dose.

Several drugs are used to treat opioid dependency, including methadone and Buprenorphine. Medicaid pays for both drugs. If a client is treated at a clinic, the clinic receives from DSS an all-inclusive Medicaid rate that includes payment for dispensing methadone to the patient.

Federal Medicaid law limits how much states can pay for prescription drugs and other services. This is called the upper payment limit. The federal Medicaid agency expects payments states make for prescription drugs to be both "economic and efficient."

COMMITTEE ACTION

Human Services Committee

Joint Favorable

Yea 17 Nay 2 (03/17/2009)